

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030949

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 333

Primary Registration District No. 44884499

Registrar's No. 1932

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 12 1963

1. PLACE OF DEATH

a. COUNTY Scott

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Vanduser

Length of stay in 1b
56 Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Scott

c. CITY OR TOWN Vanduser

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Henry William Alfultis

4. DATE OF DEATH
Month Day Year
August 4, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/9/1875

9. AGE (last birthday)

87

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY
Ice Dealer

11. BIRTHPLACE (City and state or country)
Yankeetown, Ind.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Michael Alfultis

13b. MOTHER'S MAIDEN NAME

Louise Wonger

14. NAME OF HUSBAND OR WIFE

Mattie Jane Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Morris Alfultis, Vanduser, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE CARDIAC DECOMPENSATION 2 HRS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CARDIO VASCULAR RENAL DISEASE 5 YRS?

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CEREBRAL THROMBOSIS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

NATURAL

NONE

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

NONE

NONE

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at 10:00

and last saw him alive on JULY 25, 1963
A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

Aug 7, 1963

Morley Cemetery

Morley (Scott) Missouri

24. FUNERAL DIRECTOR

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

C.J. Lorberg Cape Girardeau, Mo.

August 8, 1963

Jeannette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 1000

2 1000

3

4 0

5 1

6

7 1

8 2

9 442X

10

11

12 90-2

13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

3810

Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

This certificate taken to Doctor: 8/5/63

Certificate received from Doctor: 8/5/63